NAVY SURGEON GENERAL TESTIFIES BEFORE THE U.S. HOUSE APPROPRIATIONS COMMITTEE

Editor's note: Rear Adm. Bruce Gillingham, Navy surgeon general and chief, U.S. Navy Bureau of Medicine and Surgery, provided the following opening remarks to the House Committee Appropriations , subcommittee on Defense during a hearing Mar 5, 2020 on Military Health System reform and readiness. Remarks as delivered by Rear Adm. Bruce Gillingham

Chairman Visclosky, Ranking Member Calvert, distinguished Members of the Subcommittee, on behalf of the over 60,000 men and women who comprise the mission-ready Navy Medicine team, I am pleased to be here today. I am grateful for the continued trust you place in us.

The mission of Navy Medicine is tightly linked to those we serve – the United States Navy and the United State Marine Corps. There ability to prevail across the range of military operations depends on their medical readiness and our capability to enhance their survival in the high end fight. **At its core, survivability is Navy Medicine's contribution to lethality.**

To this end, our One Navy Medicine priorities of People, Platforms, Performance and Power are strategically aligned to meet these imperatives:

Well-trained People, working as cohesive teams on optimized Platforms, demonstrating high velocity Performance that will project medical Power in support of Naval superiority.

I can tell you that these priorities are rapidly taking hold. On any given day, Navy Medicine personnel are deployed and operating forward in the full range of diverse missions including: damage control resuscitation and surgery teams in U.S.; trauma care at the NATO Role 3 Multinational Medical Unit in Kandahar Airfield, Afghanistan; humanitarian assistance onboard our hospital ships; and, expeditionary health services support and force health protection around the world.

There is no doubt that **People** are at the epicenter of everything we do – dedicated active and reserve personnel and Navy civilians – serving around the world in support of our mission. In order to meet current and future challenges, we must recruit and retain a talented military and civilian workforce. Navy Medicine continues to focus on several key areas in both our officer and enlisted communities including critical wartime and operational specialties as well as mental health care providers.

Importantly, we are now embedding 29 percent of our uniformed mental health providers directly with Fleet, Fleet Marine Force and training commands to improve access to care and help reduce stigma. All of

us have a responsibility to do everything possible to reduce the incidence of suicide. Its impact is devastating and affects families, shipmates and commands.

Collectively, the substantive Military Health System reforms directed by Congress in the Fiscal Years 2017 and 2019 National Defense Authorization Acts represents an important inflection point for military medicine and catalyzed our efforts to strengthen our integrated system of readiness and health. Navy and Marine Corps leadership recognize the tremendous opportunity we have to refocus our efforts on medical readiness while transitioning health care benefit administration to the Defense Health Agency. As you would expect from a transformation of this scale, MHS reform presents us with both challenges and opportunities. We can point to progress made to date; however, all of us recognize there is much work ahead.

In summary, the Nation depends upon our unique expeditionary medical expertise to prepare and support our Naval forces. It is a privilege to care for our Sailors, Marines and their families.

Again, thank you for your leadership and I look forward to your questions.

The full hearing can be viewed here and Gillingham's written testimony is available here.